DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Leave Payout Authorization IT0416

Employee Name *(Last, First, Middle)*			Effective Date:	*(MM/DD/YY)*
Personnel Number	Business Area	Personnel Area	Organization Unit	

LEAVE CATEGORIES AND CODES: Leave may be requested in 15-minute increments only.

Hour/Minutes

☐ **ANNL** – Annual _____

☐ **HLDY** – Holiday _____

☐ **COMP** – Compensatory _____

☐ **EMBD** – Employee Birthday _____

☐ **SICK** – Sick @ 50% _____ Retires **ONLY** Are Eligible

☐ **SICK** – Sick @ 60% _____ Retires **ONLY** Are Eligible

☐ **SICK** – Sick @ 70% _____ Retires **ONLY** Are Eligible

☐ **SICK** – Sick @ 80% _____ Retires **ONLY** Are Eligible

Please note the following:

1. Data must be entered in Infotype 0416 for each leave category.
2. Effective Date for employee exiting state employment should equal employee's termination date.
3. Effective Date for other payouts should equal pay period beginning date.
4. Maximum payout for all Retiree-Sick categories may not exceed $7,500.
5. The amount due an employee for accrued and/or unused leave shall be paid to the employee in a lump sum upon retirement, resignation, termination or other action only. The lump sum will not exceed 30 days/240 hours of Annual Leave including Holiday Leave. In the event of death of an active employee, 60 days is the maximum Annual Leave Payout including Holiday Leave to the employee's estate.

Employee Signature	Date	*MM/DD/YY*

AUTHORIZATION: I affirm the Agency/Institution has sufficient appropriation as approved by the Chief Fiscal Officer of the state and appropriate funding to expense this action.

	Approving Authority	Date	*MM/DD/YY*
☐ Approved ☐ Disapproved	Approving Authority	Date	*MM/DD/YY*
☐ Approved ☐ Disapproved	Data Entered By	Date	*MM/DD/YY*

Comments: _____

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